Jeanie's Journeys

New York City at Christmastime!

November 17-21, 2025

INSTRUCTIONS: Please complete the information and send to Jeanie's Journeys with your payment as soon as possible. One Registration Form per person is required to be confirmed on the tour. By submitting this registration form, you are agreeing to Jeanie's Journeys terms & conditions. See website for details. Tour is first come, first served!

PLEASE PRINT CLEARLY. FILL IN ALL BLANKS. If does not apply please enter N/A. Please fill out one form for each person.

Where did you hear about this tour?(Check One)
Online_____ Previously traveled with us_____
Community Center_____ Which Community center? _____ Other:_____

NAME:_____
Full Legal Name   First   Middle   Last

PREFERRED NAME:_____   BIRTHDAY:_____
                For Nametag   Required

ADDRESS:_____
                Street   Apt Number

_____
                City   State   Zip

MOBILE PHONE:_____   EMAIL:_____

Frequent Flyer, TSA PreCheck, Etc #: _____

ROOMMATE(if Applicable):_____
                        First   Last

OCCUPANCY:
$1,998 **Double** _____ $2,323 **Single** _____

DEPOSIT: $500 Per Person

FINAL PAYMENT DATE: October 1, 2025

SLEEPING ARRANGEMENTS: 1 BED:_____   2 BEDS:_____ DOESN'T MATTER:_____

TRAVEL INSURANCE: Price per person DUE AT BOOKING
I would like TRAVEL INSURANCE at per person: **Yes_____ No_____**

$164 **Double** _____ $190 **Single** _____
Travel insurance is Non-Refundable. Cancel for Medical Reason ONLY. **If nothing is checked you will NOT be enrolled in insurance.**

PLEASE TURN PAGE TO FILL OUT COMPLETELY

Notes to Organizer (food allergies, handicap room, etc): _____
_____

tour|RATING
Level 3
go-go-go

These tours are more strenuous in their Difficulty Level and require **5-7 plus miles of walking per day.** Travelers who require the use of a cane, walker or wheelchair or are in need of physical assistance to walk are encouraged to sign up for our *Level ONE Difficulty Tours.*

Initial: ____ I Understand that this is a Level THREE Difficulty Tour with 5-7 plus miles of walking per day. I am fully capable of walking 5-7 plus miles without assistance.

EMERGENCY CONTACT: Name_____ Relationship_____ Phone Number_____

PAYMENT: Please check one(Check preferred): CHECK:_____ CREDIT CARD:_____

Number:_____ Exp Date:_____CVS three (or four if Am Ex) letter code:_____

Total Amount Enclosed:_____

For assistance with reservations:
please call Jeanie at 612-229-5276
Or email Jeanie at Jeanie@Jeanies-Journeys.com
Jeanie's Journeys P. O. Box 6162 Minneapolis, MN 55406

Travelers Needing Special Assistance
Jeanie's Journeys cannot provide special individual assistance to tour members with special needs for walking, dining, airport assistance or other routine activities. Jeanie's Journeys will make reasonable efforts to accommodate the special needs of tour participants. However, you will be required to have a companion who is capable and totally responsible for providing assistance for you while traveling. You must report any disability requiring special assistance at time of sign up. See flyer for more details

---

OFFICE USE ONLY

Deposit Date:	*Travel Insurance Policy:*
	Date Purchased: *Tour Cost:*
Payments Made:	
	Travel Insurance Claim Number:
	Date Canceled: *Cancellation Method:* Writing Call Email
	Refunded: Yes No *Date Refunded:*
	Amount Refunded: *Refund Method:*
	_____
	NOTES: